

**OPIOID WITHDRAWAL RECORDING CHART – APPENDIX 2**

Name: .....

Unit No:.....

CHI: .....

Ward: .....

Consultant: .....

Signature: .....

SCORE	2	1	0
PUPILS	WIDE	NORMAL	PINPOINT
PALMS	WET	MOIST	DRY
SKIN	GOOSED	COLD	WARM
NASAL	RUNNING	SNIFFING	DRY
AGITATION	CAN'T SIT	AGITATED	CALM
GIT	VOMITING	NAUSEA	NORMAL
PULSE	>100	80 – 100	<80
YAWNING/10 MINS	6+	3-5	<3

COMMENTS:

**To be used 2 to 4 hourly until score greater than 5 recorded**

<b>Withdrawal Characteristics</b>	Date / / Time :	Date / / Time :	Date: / / Time :	Date / / Time :	Date / / Time :	Date / / Time :	Date / / Time :	Date / / Time :	Date / / Time :	Date: / / Time: :
<b>Pupils</b>										
<b>Palms</b>										
<b>Skin</b>										
<b>Nasal</b>										
<b>Agitation</b>										
<b>GIT</b>										
<b>Pulse</b>										
<b>Yawning</b>										
<b>TOTAL</b>										

**Note:** The above withdrawal recording chart is an aid to accurate monitoring of withdrawals and efficacy of medication regime

Score of 0 – 5 = mild/normal            5 – 10 = moderate            10 & over = severe

**Subjective opioid withdrawal symptoms can include nausea, stomach cramps, muscular tension, muscle spasms/twitching, aches and pains, insomnia.**